

DIVISION OF DEVELOPMENTAL DISABILITIES

## COMPANION HOME CONTRACT EVALUATION

NAME OF CONTRACTOR		CONTRACT NUMBER
MAILING ADDRESS		
CONTRACT MONITORING LENGTH RECOMMENDED BY RESOURCE MANAGER (12 months maximum)		CONTRACT MONITORING LENGTH APPROVED BY DIVISION DIRECTOR
CONTRACT EVALUATION DATES		NEXT REVIEW DATE (Filled out by QA Office Chief)

The Evaluator confirms, by signing below, that he/she does not have any interest and/or obligation in the above stated Companion Home.

EVALUATOR SIGNATURE	PRINTED NAME	DATE
CLIENT SIGNATURE	PRINTED NAME	DATE
LEGAL REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE
CH PROVIDER SIGNATURE	PRINTED NAME	DATE
RESOURCE MANAGER SIGNATURE	PRINTED NAME	DATE
CASE MANAGER SIGNATURE	PRINTED NAME	DATE
OTHER SIGNATURE	PRINTED NAME	DATE
OTHER SIGNATURE	PRINTED NAME	DATE
OTHER SIGNATURE	PRINTED NAME	DATE

DSHS 09-995 (04/2005)

DISTRIBUTION: Companion Home Provider    DDD Resource Manager    DDD Contract File  
 DDD Residential Program Manager: MS 45310    DDD QA Office Chief: MS 45310